

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/21/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445297</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/12/2011</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTHAVEN HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3300 BROADWAY NE KNOXVILLE, TN 37917</b>
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F 000	INITIAL COMMENTS  During annual recertification and complaint survey #28776 and #28568 conducted on October 12, 2011, at Northaven Health Care Center, no deficiencies were cited in relation to complaint # 28776 under 42 CFR PART 482.13, Requirements for Long Term Care.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i>	
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)  A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).  The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.  The facility must record and periodically update	F 157	F157 The practice of this facility is to inform the resident and/or the resident's legal representative or interested family member of a significant change/ a need to alter treatment. Resident #17 is no longer a resident of the facility. The legal representative for resident #17 was notified of the resident's change (Clindimycin order) on 8/15 /11 by the social worker and DNS when he called to inquire about the resident's condition prior to her transfer to the hospital. RN on duty at the time that the order came in was given a performance improvement and 1:1 counseling by the DNS on 8/12/11 regarding legal representative notification. Residents with the potential to be affected by the same deficient practice will be identified by all residents receiving new orders from the physician/nurse practitioner. All orders are taken to the weekday morning meeting for review. Station I and II supervisors or designee will check for documentation prior to the morning meeting to ensure that the new orders have been called to the legal representative. If there is no documentation, the supervisor or designee will notify the legal representative at that time and the LN will receive a performance improvement	11/18/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Buddy Durbin*

*Administrator*

*10/28/11*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1</p> <p>the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on medical record review, review of the facility policy, and interview, the facility failed to notify the responsible party for a change in condition for one (#17) of twenty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #17 was admitted to the facility on March 21, 2011, with diagnoses including Epilepsy, Cerebrovascular Accident, Dysphagia, and Hypertension.</p> <p>Medical record review of the Minimum Data Set dated June 16, 2011, revealed the resident had moderately impaired cognitive skills.</p> <p>Medical record review of a physician's progress note dated August 7, 2011, revealed, "...tooth abscess-start clinda (clindamycin) 300 mg 1 po (by mouth) q (every) 6 (hours) x 7 days schedule a dental evaluation..."</p> <p>Medical record review of a physician's order dated August 7, 2011, revealed, "...Multiple caries (and) broken teeth...Clindamycin 300mg po (every) 6 (hours) x 7 days..."</p> <p>Review of the facility policy, Notifications, revealed, "...Staff informs the resident, consults with their attending physician, and notifies the resident's surrogates when...A significant change</p>	F 157	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>with progressive disciplinary action. Mandatory nurse meeting held 10/26/11 with all licensed nurses with in-service training presented on notification of change in medication/condition. DNS or designee will on a weekly basis audit 20% of active residents medical record which had new orders from the previous week to ensure appropriate notification has been noted in the medical record. The DNS will report findings to the performance improvement committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities Director, Case Manager, Medical Director, and Maintenance Supervisor) at the monthly meeting for review and recommendations as indicated.</p>		

OCT 28 2011

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F 157	Continued From page 2 occurs in the resident's physical, mental or psychosocial status...Treatment needs to be altered significantly..."	F 157	<i>This Plan of Correction is the center's credible allegation of compliance.</i>		
F 281 SS=D	Interview on October 10, 2011, at 3:40 p.m., with the Director of Nursing, in the activity room, confirmed the resident's responsible party was not notified of the change in the resident's condition.  c/o28568 483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS  The services provided or arranged by the facility must meet professional standards of quality.  This REQUIREMENT is not met as evidenced by: Based on medical record review, and interview, the facility failed to obtain a physician's order to administer a medication for one (#17) of twenty-one residents reviewed.  The findings included:  Resident #17 was admitted to the facility on March 21, 2011, with diagnoses including Epilepsy, Cerebrovascular Accident, Dysphagia, and Hypertension.  Medical record review of the Minimum Data Set dated June 16, 2011, revealed the resident had moderately impaired cognitive skills.  Medical record review of a Resident Progress Note dated August 9, 2011, revealed, "...Resting	F 281	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.  F 281 It is the practice of this facility to provide services that meet the professional standards of quality. Resident #17 is no longer a resident at this facility. The RN who gave the Mylanta without a physician order was given a performance improvement by the DNS on 10/27/11. Mandatory nurse meeting for all licensed nurses was held on 10/26/11 with in-service training on physician orders was done. The DNS and unit supervisors will audit the 24 hour reports for the past 30 days for any residents with nausea and/or vomiting, review medical record and validate resident had a current physician order or physician was notified and appropriate order obtained. The 24 hours reports are brought to the weekday morning meeting and reviewed, the unit supervisor or designee will report residents exhibiting nausea and/or vomiting, and ensure that an appropriate order was/is in place prior to treatment. The DNS will audit the medical records of those residents with reported nausea and/or vomiting weekly for one month, then monthly for 3 months and report findings to the performance improvement committee (Administrator, DNS, ADNS, SDC, RD,		11/18/11

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F 281	Continued From page 3  (with) eyes open ...choked (and) coughed on antibiotic ...0130...c/o (complains of) burning in throat (and) abdomen refused po (by mouth) Mylanta given per tube...0230...c/o throat burning-given ice cream..."  Interview on October 11, 2011, at 7:40 a.m., with the Director of Nursing, in the activity room, confirmed a physician's order was not obtained to administer the Mylanta.	F 281	Social Services, Activities Director, Case Manager, Medical Director, and Maintenance Supervisor) at the monthly meeting for review and recommendations as indicated.  <i>This Plan of Correction is the center's credible allegation of compliance.</i>  <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
F 441 SS=D	c/o #28568 <b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b>  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.	F 441	F441 It is the practice of this facility to maintain an infection control program to provide a safe, sanitary, and comfortable environment, and to help prevent the development and transmission of disease and infection. A sign was placed on the outside of resident #1's door to alert staff and visitors to see the nurse before entering the room on 10/12/11. Written and verbal information was given to staff and visitors regarding infection control, universal precautions, and isolation procedures on 10/12/11. The same written information is kept at the nurse's station to be distributed as needed. Mandatory licensed nurse meeting was held 10/26/11 with in-service education provided for the procedure for isolation residents in placing signage on the doors to alert staff and visitors to see the nurse prior to entering. Orders for isolation obtained from the physician are brought to the daily morning meeting by the unit supervisors or designee to report any resident who may have been placed in isolation. If a resident is placed in		11/18/11

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F 441	<p>Continued From page 4</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to post signage to alert staff and visitors of contact isolation precautions for one (#1), of twenty-one residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was readmitted to the facility on September 26, 2011, with diagnoses including Unstageable Sacral Decubitus Ulcer (pressure ulcer), Acute Renal Failure, and Schizoaffective Disorder.</p> <p>Medical record review revealed resident #1 had been placed in contact isolation on September 27, 2011. Contact isolation precautions were implemented due to the presence of Clostridium Deficile identified in the resident's stool sample.</p>	F 441	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>isolation, the unit supervisor or designee will ensure that proper signage is on the resident's door, and that the information is dispersed to family/visitors as needed. DNS or designee will monitor for compliance with transmission precautions including appropriate signage during routine daily rounds and report findings to the performance improvement committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities Director, Case Manager, Maintenance Supervisor, and Medical Director) at the monthly meeting.</p>		

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F 441	<p>Continued From page 5</p> <p>Observation on October 10, 2011, at @10:25 a.m., revealed a contact isolation cart containing Personal Protective Equipment (PPE/gowns/gloves/etc) inside the resident's room. There was no signage to alert staff and visitors of contact isolation precautions, prior to contact with resident #1, or contact with resident #1's environment.</p> <p>Observation on October 10, 2011, at 1:55 p.m. and on October 11, 2011, at 7:35 a.m., revealed staff donning PPE's to provide resident #1's care.</p> <p>Continued observation on October 11, 2011, at 10:50 a.m., revealed the resident in the bed, with a visitor at bedside. The visitor was not wearing gloves and was in contact with resident #1's environment. Interview with the family member, at the time of the observation, revealed the visitor was unaware of any additional infection control measures related to contact isolation precautions in place for resident #1.</p> <p>Interview with the Administrator and Infection Control/Staff Development Nurse on October 11, 2011, at 11:00 a.m., outside the resident's room, and continued at the 200 hall nurse's station, confirmed there was nothing in place to alert visitors and staff, prior to entering the resident's room, that contact isolation precautions had been implemented.</p>	F 441			

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